
State:	Arkansas	Filing Company:	American Public Life Insurance Company
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	MedlinkIV Informational Filing		
Project Name/Number:	MedlinkIV Informational Filing/MedlinkIV Informational Filing		

Filing at a Glance

Company:	American Public Life Insurance Company
Product Name:	MedlinkIV Informational Filing
State:	Arkansas
TOI:	H21 Health - Other
Sub-TOI:	H21.000 Health - Other
Filing Type:	Form
Date Submitted:	08/17/2012
SERFF Tr Num:	AFDL-128645360
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	MEDLINKIV INFORMATIONAL FILING
Implementation	On Approval
Date Requested:	
Author(s):	Shari Vick, Melissa Mahanes, Ashlie Snyder, Ann Hobson
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	08/20/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: MedlinkIV Informational Filing
Project Name/Number: MedlinkIV Informational Filing/MedlinkIV Informational Filing

Filing Company: American Public Life Insurance Company

General Information

Project Name: MedlinkIV Informational Filing
Project Number: MedlinkIV Informational Filing
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 08/20/2012
State Status Changed: 08/20/2012
Created By: Ann Hobson
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Ann Hobson

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Enclosed for your INFORMATION is a revised Statement of Variability (SOV) that will replace the previous SOV with the MEDlink IV filing which was approved on 08/30/11. The only addition to the SOV is the hi-lighted text. We have included a sample of the Policy/Certificate schedule showing where this addition will appear.

I hereby certify that to the best of my knowledge the documents submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state and such documents contain no provisions previously disapproved by the Department.

Thank you for your assistance with this matter. If you have any questions, please feel free to call me at contact information shown on the Companies and Contacts tab.

Company and Contact

Filing Contact Information

Ashlie Snyder, Compliance Analyst I
2000 Classen
Oklahoma City, OK 73160

ashlie.snyder@af-group.com
800-654-8489 [Phone] 5255 [Ext]
405-523-5793 [FAX]

Filing Company Information

American Public Life Insurance
Company
2305 Lakeland Drive
Flowood, MS 39232
(601) 936-2157 ext. [Phone]

CoCode: 60801
Group Code: 330
Group Name:
FEIN Number: 64-0349942

State of Domicile: Oklahoma
Company Type: LAH
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

SERFF Tracking #: AFDL-128645360

State Tracking #:

Company Tracking #: MEDLINKIV INFORMATIONAL
FILING

State: Arkansas

Filing Company: American Public Life Insurance Company

TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other

Product Name: MedlinkIV Informational Filing

Project Name/Number: MedlinkIV Informational Filing/MedlinkIV Informational Filing

Retaliatory? No

Fee Explanation:

Per Company: No

Company	Amount	Date Processed	Transaction #
American Public Life Insurance Company	\$50.00	08/17/2012	61788840

SERFF Tracking #:	AFDL-128645360	State Tracking #:		Company Tracking #:	MEDLINKIV INFORMATIONAL FILING
State:	Arkansas	Filing Company:	American Public Life Insurance Company		
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Product Name:	MedlinkIV Informational Filing				
Project Name/Number:	MedlinkIV Informational Filing/MedlinkIV Informational Filing				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/20/2012	08/20/2012

State:	Arkansas	Filing Company:	American Public Life Insurance Company
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	MedlinkIV Informational Filing		
Project Name/Number:	MedlinkIV Informational Filing/MedlinkIV Informational Filing		

Disposition

Disposition Date: 08/20/2012
 Implementation Date:
 Status: Approved-Closed
 HHS Status: HHS Approved
 State Review: Reviewed-No Actuary
 Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Authorization 12	Approved-Closed	Yes
Supporting Document	MLIV SOV	Approved-Closed	Yes
Supporting Document	Sample Policy Schedule	Approved-Closed	Yes
Supporting Document	Sample Certificate Schedule	Approved-Closed	Yes

SERFF Tracking #:	AFDL-128645360	State Tracking #:		Company Tracking #:	MEDLINKIV INFORMATIONAL FILING
State:	Arkansas	Filing Company:	American Public Life Insurance Company		
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	MedlinkIV Informational Filing				
Project Name/Number:	MedlinkIV Informational Filing/MedlinkIV Informational Filing				

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	08/20/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/20/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	08/20/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	08/20/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/20/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Authorization 12	Approved-Closed	08/20/2012
Comments:			
Attachment(s):			

SERFF Tracking #:	AFDL-128645360	State Tracking #:		Company Tracking #:	MEDLINKIV INFORMATIONAL FILING
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State:	Arkansas	Filing Company:	American Public Life Insurance Company
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	MedlinkIV Informational Filing		
Project Name/Number:	MedlinkIV Informational Filing/MedlinkIV Informational Filing		

Authorization12.pdf

		Item Status:	Status Date:
Satisfied - Item:	MLIV SOV	Approved-Closed	08/20/2012
Comments:			
Attachment(s):			
MLIV_SOV.R0812.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Sample Policy Schedule	Approved-Closed	08/20/2012
Comments:			
Attachment(s):			
GMLIVAPL_PSch_R812Sample.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Sample Certificate Schedule	Approved-Closed	08/20/2012
Comments:			
Attachment(s):			
GMLIVAPLC_CSch_R812Sample.pdf			



American Public Life Insurance Company

A member of the American Fidelity Group.

January 2, 2012

NAIC Number: 60801
FEIN Number: 64-0349942

To Whom It May Concern:

American Fidelity Assurance Company, located at 2000 N. Classen Boulevard, Oklahoma City, Oklahoma, 73125, is hereby authorized to submit forms for approval to the Department of Insurance on behalf of American Public Life Insurance Company. Changes to the forms, as may be necessary to gain approval, are included in this authorization.

Sincerely,

Alex M. Bagby, ASA, MAAA
Vice President & Chief Risk Officer



American Public Life Insurance Company

A member of the American Fidelity Group®

STATEMENT OF VARIABILITY

The **MEDlink IV Policy et. seq.** contains variable information. All forms are completed in John Doe format and variable items are enclosed in brackets []. The ranges for all variable items are shown within the brackets. All variable items will become fixed at time of policy approval. Any changes made to these items will be limited to new issues.

1. The signatures on the documents for the Company have been marked variable.

Policy Schedule and Certificate Schedule (Page 3)

2. The Policy/Certificate Number is the unique identifier our company assigns to the policy/certificate at time of issue.
3. The Insured's name is the name of the Insured as it appears on the application for insurance. The format will be first name followed by last name.
4. The Effective Date is the date the policy/certificate goes into effect. This is the date the first premium is due; and is the date from which policy/certificate years, premium due dates, and policy/certificate anniversaries will be determined. Possible formats include: 1/1/08; 01/01/2008; January 1, 2008; or Jan 1, 2008.
5. The Issue Age is the Insured's age at time of issue.
6. The Plan Selected variables are Employee, Employee and Spouse, Employee & Child or Employee and Family.
7. The Premium Mode variables are Annual, Semi-Annual, Quarterly, Monthly or Skip Month.
8. The Plan Description Section on the Policy will list the options available to the Policyholder. The Plan Description Section on the Certificate will list the options the Certificateholder has chosen.
9. The Pre-Existing Period and Pre-Existing Condition Exclusion Period will range from 0-12 months followed by an asterisk. The following disclaimer will print immediately after these lines explaining the asterisk: This Pre-Existing Condition Limitation will be imposed if the pre-existing condition limitation under the Other Medical Plan is imposed.
10. The total premiums will be shown in 4 columns if the premium mode elected is monthly, quarterly, semi-annual or annual. The appropriate premiums will be displayed beginning with Annual and follow in chronological order, ending with Monthly.

If a Special Modal premium is elected to coincide with payroll deduction requirements. The total premiums will be displayed in 5 columns if the premium method elected is a skip month premium. The columns will be displayed as listed above with the exception of ending with Monthly. The skip month mode will be shown as column 5. The column heading will be: Special Modal. In addition to the 5th column, a paragraph will print directly under the Total Premium By Mode describing the Special Modal Premium. The paragraph will state, "SPECIAL MODAL PREMIUM IS THE MONTHLY PREMIUM ADJUSTED TO COINCIDE WITH CERTAIN PAYROLL DEDUCTION REQUIREMENTS."

Master Application, Schedule of Benefits, Outline of Coverage (if applicable)

11. The Company has not decided what marketing name they wish to use for the three available selections. For the purpose of this SOV and the documents we will refer to them as [Basic, Enhanced, and Enhanced Plus Plans]. While these marketing names may change, the combination of benefit/riders will remain unchanged:
Basic Plan = the base policy only
Enhanced Plan = the base policy and Rider AMDI323APL
Enhanced Plus Plan = the base policy and Rider AMDI324APL.
The benefit plan will be chosen at the policyholder level on the master application.
12. We are offering two optional benefit riders, which may also be attached to these plans: the AMDI325APL Physician Outpatient Treatment Rider and the AMDI327APL Retired Employees Amendment Rider.
13. The selections available on the GMLIV11APLMA Master Application, will be driven by the needs of our market. The range for all variable items are included on the GMLIV11APLMA. Although we are requesting approval of all the ranges listed on the application, the company may decide to market only a few of those options at this time. Any changes made to these options will be limited to new issues. We have designed this plan to meet the flexibility needs of our customers. Therefore, in addition to the benefit/deductible amounts the policyholder will elect on the Master Application, the policyholder will also be able to elect the benefit structure. Available options are as follows:
- (a) the In-Hospital Deductible ranges from \$0-\$2,500 in \$500 increments. If an In-Hospital Deductible is elected, the policyholder must elect how they want to structure the In-Hospital Deductible. We are currently offering 2 options: a per calendar year deductible or per confinement deductible. They may also elect to have this deductible waived for accidents;
 - (b) the range for the Outpatient Deductible is \$0, \$100, \$250, \$500, \$750 or \$1,000. If an Outpatient Deductible is elected, the policyholder must elect how they want to structure the Outpatient Deductible. We are currently offering 2 options: a per calendar year deductible or per occurrence deductible. They may also elect to have this deductible waived for accidents.
 - (c) If the policyholder elects the Enhanced or Enhanced Plus plan, they will also need to decide the structure of the inpatient and outpatient benefits. We are offering two choices: 1) a combined maximum and 2) a separate maximum:
 - 1. if a combined maximum is elected, the In-Hospital and Outpatient and Combined Maximums will all be on a calendar year basis;
 - 2. if a separate maximum is elected, the policyholder must choose whether they want: 1) a calendar year In-Hospital and Outpatient maximum, 2) a calendar year In-Hospital and Per Calendar Day Outpatient maximum, 3) a calendar year In-Hospital and Per Occurrence Outpatient maximum, 3) a Per Confinement In-Hospital and Per Calendar Day Outpatient benefit, or 4) a Per Confinement In-Hospital and Per Occurrence Outpatient benefit.
14. The Schedule of Benefits, Certificate Schedule and Policy Schedule will reflect the choices selected by the policyholder.



Shari Vick
Compliance Analyst Team Leader

8/10/12
Date

SECTION 2 - POLICY SCHEDULE

Policyholder: [ABC Company]

Policy Number:

[M00000]

Policy Effective Date: [6/1/2000]

MEDLINK® IV SUPPLEMENTAL LIMITED BENEFIT MEDICAL EXPENSE INSURANCE PLAN DESCRIPTION

MEDLink® IV POLICY – [Basic, Enhanced, Enhanced Plus Plan]

[Outpatient Benefit Rider AMDI323APL]

[Outpatient Benefit Rider AMDI324APL]

[OPTIONAL BENEFIT RIDER]

[Physician Outpatient Treatment Benefit Rider AMDI325APL]

[Retired Employee Amendment Rider AMDI327APL]

PRE-EXISTING PERIOD: [0-12] Months*

PRE-EXISTING CONDITION EXCLUSION PERIOD: [0-12] Months*

* This Pre-Existing Condition Limitation will be imposed only if the pre-existing condition limitation under the Other Medical Plan is imposed.

SECTION 2 - CERTIFICATE SCHEDULE

Policyholder:	[ABC Company]	Policy Number:	[M00000]
Certificate Number:	[C00000]	Certificate Effective Date:	[6/1/2009]
Insured:	[John Doe]	Insured's Issue Age:	[35]
Plan Selected:	[Employee, Employee & Spouse, Employee & Child, Employee & Family]	Premium Mode:	[Special Modal, Monthly, Quarterly, Semi-Annual, Annual]

MEDLINK® IV SUPPLEMENTAL LIMITED BENEFIT MEDICAL EXPENSE INSURANCE PLAN DESCRIPTION

	MONTHLY PREMIUM
MEDLink® IV POLICY – [Basic, Enhanced, Enhanced Plus Plan]	[\$XX.xx]

	EFFECTIVE DATE	
[Outpatient Benefit Rider AMDI323APL]	mm/dd/yyyy]	
[Outpatient Benefit Rider AMDI324APL]	mm/dd/yyyy]	
[OPTIONAL BENEFIT RIDER]		
[Physician Outpatient Treatment Benefit Rider AMDI325APL]	mm/dd/yyyy	[\$XX.xx]]
[Retired Employee Amendment Rider AMDI327APL]		
TOTAL PREMIUM:		[\$XX.xx]

PRE-EXISTING PERIOD: [0-12] Months*

PRE-EXISTING CONDITION EXCLUSION PERIOD: [0-12] Months*

* This Pre-Existing Condition Limitation will be imposed only if the pre-existing condition limitation under the Other Medical Plan is imposed.

TOTAL PREMIUM BY MODE

ANNUAL [\$XXX.xx]	SEMI-ANNUAL \$XXX.xx	QUARTERLY \$XXX.xx	MONTHLY \$XXX.xx]	[SPECIAL MODAL* \$XXX.xx]
[*SPECIAL MODAL PREMIUM IS THE MONTHLY PREMIUM ADJUSTED TO COINCIDE WITH CERTAIN PAYROLL DEDUCTION REQUIREMENTS.]				

TO CALCULATE A PREMIUM OTHER THAN MONTHLY MULTIPLY THE MONTHLY PREMIUM BY: 3 FOR QUARTERLY; 6 FOR SEMI-ANNUAL; AND 12 FOR ANNUAL.